

# Review of: "Field evaluation of a novel, rapid diagnostic assay RLDT, and molecular epidemiology of enterotoxigenic *E. coli* among Zambian children presenting with diarrhea"

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**Potential competing interests:** The author(s) declared that no potential competing interests exist.

Dear Dr. Alberto Bedogni,

Thank you for the invite to review the manuscript "Field evaluation of a novel, rapid diagnostic assay RLDT, and molecular epidemiology of enterotoxigenic *E. coli* among Zambian children presenting with diarrhea". This paper is evaluating the performance of a Rapid LAMP based diagnostic test in detecting ETEC in children with diarrhea. From the findings the test evaluated can be deployed to field setting and laboratories with limited resources for diagnosis of ETEC infections. It well written and I recommend it to be published after the following minor issues have been addressed.

1. Line 145-146 how was equal distribution of sex achieved yet samples were randomly selected?
1. Were asymptomatic participants age/sex-matched ? or what was the criteria for selecting them?
1. Fig 1 why did the authors only test 319 and 317 stool samples for LT and ST genes respectively for both assays and yet 324 samples were selected?
1. Table 1 I found it hard to understand what this table is trying to mean by using the word missing in the age, sex, symptomatic, severity and wash categories, what does it mean?
1. Table 1 age stratification. What justification can be given for having the 24-59 months age bracket not stratified in to range of 11 months as per trend in the first two age groups?
1. Line 370-371: what could the reason as to why children 12 to 59 months are at a higher risk of getting ETEC infection.
1. Why was ETEC LT most common at 49%. In several studies especially in the African continent ST has been found to be the most common. Is this scenario unique to Zambia?